

**Kari Woodard**

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**From:** Form481@usac.org  
**Sent:** Wednesday, July 01, 2015 10:56 AM  
**To:** kari.woodard@crmu.net  
**Subject:** Form 481 Certification Confirmation



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**Form 481 Certification Confirmation**

**Congratulations. Your filing has been successfully certified.**

**Filing Number: 1**

**Certification Date and Time: Wed Jul 01 11:56:04 EDT 2015**

**Filing Created By: [kari.woodard@crmu.net](mailto:kari.woodard@crmu.net)**

**SAC: 359003**

**SPIN: 143023885**

**Carrier: COON RAPIDS MUNICIPAL COMMUNICATIONS UTILITY**

**Program Year: 2016**

This is a system generated email.  
Please do not respond to this message.

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USAC | 2000 L Street NW | Suite 200 | Washington, DC 20036

<b>FCC Form 481 - Carrier Annual Reporting</b> <b>Data Collection Form</b>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	359003
<015> Study Area Name	COON RAPIDS MUNICIPAL COMMUNICATIONS UTILITY
<020> Program Year	2016
<030> Contact Name: Person USAC should contact with questions about this data	Kari Woodard
<035> Contact Telephone Number: Number of the person identified in data line <030>	7129992225 ext.
<039> Contact Email Address: Email of the person identified in data line <030>	kari.woodard@crmu.net

<b>ANNUAL REPORTING FOR ALL CARRIERS</b>	54-313 Completion Required	54-422 Completion Required
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<100> Service Quality Improvement Reporting	(complete attached worksheet)	<input type="checkbox"/> <input checked="" type="checkbox"/>
<200> Outage Reporting (voice)	(complete attached worksheet)	<input type="checkbox"/> <input checked="" type="checkbox"/>
<210> <input checked="" type="checkbox"/> <-- check box if no outages to report		<input type="checkbox"/> <input checked="" type="checkbox"/>
<300> Unfulfilled Service Requests (voice)		<input type="checkbox"/> <input checked="" type="checkbox"/>
<310> Detail on Attempts (voice)	(attach descriptive document)	<input type="checkbox"/> <input checked="" type="checkbox"/>
<320> Unfulfilled Service Requests (broadband)		<input type="checkbox"/> <input checked="" type="checkbox"/>
<330> Detail on Attempts (broadband)	(attach descriptive document)	<input type="checkbox"/> <input checked="" type="checkbox"/>
<400> Number of Complaints per 1,000 customers (voice)		
<410> Fixed	0.0	<input type="checkbox"/> <input checked="" type="checkbox"/>
<420> Mobile	0.0	<input type="checkbox"/> <input checked="" type="checkbox"/>
<430> Number of Complaints per 1,000 customers (broadband)		<input type="checkbox"/> <input checked="" type="checkbox"/>
<440> Fixed		<input type="checkbox"/> <input checked="" type="checkbox"/>
<450> Mobile		<input type="checkbox"/> <input checked="" type="checkbox"/>
<500> Service Quality Standards & Consumer Protection Rules Compliance	(check to indicate certification)	<input type="checkbox"/> <input checked="" type="checkbox"/>
<510> FCC Form 481, Line 510 Certification of Compliance.pdf	(attached descriptive document)	<input type="checkbox"/> <input checked="" type="checkbox"/>
<600> Functionality in Emergency Situations	(check to indicate certification)	<input type="checkbox"/> <input checked="" type="checkbox"/>
<610> FCC Form 481, Line 610 Certification.pdf	(attached descriptive document)	<input type="checkbox"/> <input checked="" type="checkbox"/>
<700> Company Price Offerings (voice)	(complete attached worksheet)	<input type="checkbox"/> <input checked="" type="checkbox"/>
<710> Company Price Offerings (broadband)	(complete attached worksheet)	<input type="checkbox"/> <input checked="" type="checkbox"/>
<800> Operating Companies and Affiliates	(complete attached worksheet)	<input type="checkbox"/> <input checked="" type="checkbox"/>
<900> Tribal Land Offerings (Y/N)? <input type="radio"/> <input type="radio"/>	(if yes, complete attached worksheet)	<input type="checkbox"/> <input checked="" type="checkbox"/>
<1000> Voice Services Rate Comparability Certification		<input type="checkbox"/> <input checked="" type="checkbox"/>
<1010>	(attach descriptive document)	<input type="checkbox"/> <input checked="" type="checkbox"/>
<1100> Certify whether terrestrial backhaul options exist (Yes or No) <input type="radio"/> <input type="radio"/>	(if not, check to indicate certification)	<input type="checkbox"/> <input checked="" type="checkbox"/>
<1110>	(complete attached worksheet)	<input type="checkbox"/> <input checked="" type="checkbox"/>
<1200> Terms and Condition for Lifeline Customers	(complete attached worksheet)	<input type="checkbox"/> <input checked="" type="checkbox"/>

**Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet**

*Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers*

<2000>	(check to indicate certification)	<input type="checkbox"/> <input checked="" type="checkbox"/>
<2005>	(complete attached worksheet)	<input type="checkbox"/> <input checked="" type="checkbox"/>

**Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet**

<3000>	(check to indicate certification)	<input type="checkbox"/> <input checked="" type="checkbox"/>
<3005>	(complete attached worksheet)	<input type="checkbox"/> <input checked="" type="checkbox"/>

**(100) Service Quality Improvement Reporting  
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2013

<010>	Study Area Code	359003
<015>	Study Area Name	COOK RAPIDS MUNICIPAL COMMUNICATIONS UTILITY
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Kari Woodward
<035>	Contact Telephone Number - Number of person identified in data line <030>	7129992225 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	kari.woodward@crmu.net
<110>	Has your company received its ETC certification from the FCC?	(yes / no) <input type="radio"/> <input type="radio"/>
<111>	If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 year plan" filed with the FCC?	(yes / no) <input type="radio"/> <input type="radio"/>

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

- <112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

Name of Attached Document

Please select the appropriate responses below (Yes, No, Not Applicable) to confirm that the attached document(s), on line 112, contains a progress report on its five-year service quality improvement plan pursuant to §54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

- <113> Maps detailing progress towards meeting plan targets
- <114> Report how much universal service (USF) support was received
- <115> How much (USF) was used to improve service quality and how support was used to improve service quality
- <116> How much (USF) was used to improve service coverage and how support was used to improve service coverage
- <117> How much (USF) was used to improve service capacity and how support was used to improve service capacity
- <118> Provide an explanation of network improvement targets not met in the prior calendar year.


OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2013

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<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Kari Woodard
<035>	Contact Telephone Number - Number of person identified in data line <030>	7129992223 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	Kari.woodard@crmu.net

[illegible]



<701> Residential Local Service Charge Effective Date  
<702> Single State-wide Residential Local Service Charge

2/1/2015

<703>

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<010>	Study Area Code	359003
<015>	Study Area Name	COON RAPIDS MUNICIPAL COMMUNICATIONS UTILITY
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Kari Woodard
<035>	Contact Telephone Number - Number of person identified in data line <030>	7129992225 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	kari.woodard@crmu.net

[illegible]

<010>	Study Area Code	359003
<015>	Study Area Name	COON RAPIDS MUNICIPAL COMMUNICATIONS UTILITY
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Kari Woodard
<035>	Contact Telephone Number - Number of person identified in data line <030>	7129992225 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	kari.woodard@crmu.net
<810>	Reporting Carrier	Coon Rapids Municipal Communications Utility
<811>	Holding Company	Not Applicable
<812>	Operating Company	Coon Rapids Municipal Communications Utility

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**(900) Tribal Lands Reporting  
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	359003
<015>	Study Area Name	COON RAPIDS MUNICIPAL COMMUNICATIONS UTILITY
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Kari Woodard
<035>	Contact Telephone Number - Number of person identified in data line <030>	7129992225 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	kari.woodard@crmu.net

&lt;910&gt; Tribal Land(s) on which ETC Serves

--

&lt;920&gt; Tribal Government Engagement Obligation

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Name of Attached Document

If your company serves Tribal lands, please select (Yes, No, NA) for each these boxes to confirm the status described on the attached document(s), on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

- <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions.
- <922> Feasibility and sustainability planning;
- <923> Marketing services in a culturally sensitive manner;
- <924> Compliance with Rights of way processes
- <925> Compliance with Land Use permitting requirements
- <926> Compliance with Facilities Siting rules
- <927> Compliance with Environmental Review processes
- <928> Compliance with Cultural Preservation review processes
- <929> Compliance with Tribal Business and Licensing requirements.

Select Yes or No or Not Applicable



**(1100) No Terrestrial Backhaul Reporting  
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	359003
<015>	Study Area Name	COON RAPIDS MUNICIPAL COMMUNICATIONS UTILITY
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Kari Woodard
<035>	Contact Telephone Number - Number of person identified in data line <030>	7129992225 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	kari.woodard@crmu.net

<1120> Please confirm whether terrestrial backhaul options exist within the supported area pursuant to § 54.313(g) (Yes, No).

<1130> Please select the appropriate response (Yes, No, Not Applicable) to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(g).

(1200) Terms and Condition for Lifeline Customers		FCC Form 481
Lifeline		OMB Control No. 3060-0986/OMB Control No. 3060-0819
Data Collection Form		July 2013

<010>	Study Area Code	359003
<015>	Study Area Name	COON RAPIDS MUNICIPAL COMMUNICATIONS UTILITY
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Kari Woodard
<035>	Contact Telephone Number - Number of person identified in data line <030>	7129992225 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	kari.woodard@crmu.net

FCC Form 481, Line 1210 Lifeline.pdf

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

Name of Attached Document

<1220> Link to Public Website

HTTP <http://tinyurl.com/qhy82cv>

"Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

- |        |   |                                     |
|--------|---|-------------------------------------|
| <1221> | Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers, | <input checked="" type="checkbox"/> |
| <1222> | Details on the number of minutes provided as part of the plan,  | <input checked="" type="checkbox"/> |
| <1223> | Additional charges for toll calls, and rates for each such plan.  | <input checked="" type="checkbox"/> |

<b>(2000) Price-Cap Carrier Additional Documentation</b>		ECG Form 481
<b>Data Collection Form</b>		OMB Control No. 3060-0986/OMB Control No. 3060-0819
Including Rate-of-Return Carriers affiliated with Price-Cap Local Exchange Carriers		July 2013

<010>	Study Area Code	333003
<015>	Study Area Name	COON RAPIDS MUNICIPAL COMMUNICATIONS UTILITY
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	KARI WOODARD
<035>	Contact Telephone Number - Number of person identified in data line <030>	7123332225 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	KARI.WOODARD@CRMU.NET

Select the appropriate responses below (Yes, No, Not Applicable) to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e). The information reported on this form and in the documents attached below is accurate.

**Incremental Connect America Phase I reporting**

- <2010> 2nd Year Certification {47 CFR § 54.313(b)(1)i}  
 <2011a> 3rd Year Certification {47 CFR § 54.313(b)(1)ii}  
 <2011b> Attachment {47 CFR § 54.313(b)(1)iii}


Name of Attached Document(s) Listing Required Information

**Price Cap Carrier Receiving Frozen Support Certification {47 CFR § 54.312(a)}**

- <2012> 2013 Frozen Support Calculation {47 CFR § 54.313(c)(1)}  
 <2013> 2014 Frozen Support Calculation {47 CFR § 54.313(c)(2)}  
 <2014> 2015 Frozen Support Calculation {47 CFR § 54.313(c)(3)}  
 <2015> 2016 and future Frozen Support Calculation {47 CFR § 54.313(c)(4)}


**Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}**

- <2016> Certification Support Used to Build Broadband

--

**Connect America Phase II Reporting {47 CFR § 54.313(e)}**

- <2017> 3rd year Broadband Service Certification  
 <2018> 5th year Broadband Service Certification  
 <2019> Interim Progress Certification  
 <2020> Please check the box to confirm that the attached document(s), on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.


- <2021> Interim Progress Community Anchor Institutions


Name of Attached Document(s) Listing Required Information



<b>(3000) Rate Of Return Carrier Additional Documentation</b> Date Collection Form:	FCC Form 481 OMB Control No. 3050-0086/OMB Control No. 3050-0015 July 2013
--	--

<010> Study Area Code	359003
<015> Study Area Name	COON RAPIDS MUNICIPAL COMMUNICATIONS UTILITY
<020> Program Year	2016
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<039> Contact Email Address - Email Address of person identified in data line <030>	kari.woodard@crmu.net

CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

(3010) Progress Report on 5 Year Plan  
Milestone Certification (47 CFR § 54.313(f)(1)(i))

Name of Attached Document Listing Required Information

(3011) Please check this box to confirm that the attached document(s), on line 3012 contains the required information pursuant to § 54.313 (f)(1)(ii), the carrier shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year. ☐

(3012) Community Anchor Institutions (47 CFR § 54.313(f)(1)(ii))

Name of Attached Document Listing Required Information

(3013) Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2))

(3014) If yes, does your company file the RUS annual report

(Yes/No)

(Yes/No)

88

Please check these boxes to confirm that the attached document(s), on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:

(3015) Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)

☐

(3016) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

☐

(3017) If the response is yes on line 3014, attach your company's RUS annual report and all required documentation

Name of Attached Document Listing Required Information

(3018) If the response is no on line 3014, is your company audited?

(Yes/No)

00

If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:

(3019) Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications

☐

(3020) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

☐

(3021) Management letter and audit opinion issued by the independent certified public accountant that performed the company's financial audit

☐

If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:

(3022) Copy of their financial statement which has been subject to review by an independent certified public accountant; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers,

☐

(3023) Underlying information subjected to a review by an independent certified public accountant

☐

(3024) Underlying information subjected to an officer certification.

☐

(3025) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

☐

(3026) Attach the worksheet listing required information

Name of Attached Document Listing Required Information



(3000) Rate Of Return Carrier Additional Documentation (Continued)		CC Form 481
Data Collection Form		OMB Control No. 3060-0386/OMB Control No. 3060-0819
		July 2013

<010>	Study Area Code	359003
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<030>	Contact Name - Person USAC should contact regarding this data	Kari Woodard
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<039>	Contact Email Address - Email Address of person identified in data line <030>	kari.woodard@crmu.net

## Financial Data Summary

(3027) Revenue

(3028) Operating Expenses

(3029) Net Income

(3030) Telephone Plant In Service(TPIS)

(3031) Total Assets

(3032) Total Debt

(3033) Total Equity

(3034) Dividends

Certification - Reporting Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	359003
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<035> Contact Telephone Number - Number of person identified in data line <030>	7129992225 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	kari.woodard@crmu.net

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

<b>Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients</b>	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier: COON RAPIDS MUNICIPAL COMMUNICATIONS UTILITY	
Signature of Authorized Officer: CERTIFIED ONLINE	Date: 07/01/2015
Printed name of Authorized Officer: Kari Woodard	
Title or position of Authorized Officer: Director of Finance & Accounting	
Telephone number of Authorized Officer: 7129992225 ext.	
Study Area Code of Reporting Carrier: 359003	Filing Due Date for this form: 07/01/2015
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

<b>Certification - Agent / Carrier</b>	FCC Form 481
<b>Data Collection Form</b>	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010> Study Area Code	359003
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<035> Contact Telephone Number - Number of person identified in data line <030>	7129992225 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	kari.woodard@crmu.net

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent: _____	
Name of Reporting Carrier: _____	
Signature of Authorized Officer: _____	Date: _____
Printed name of Authorized Officer: _____	
Title or position of Authorized Officer: _____	
Telephone number of Authorized Officer: _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier: _____	
Name of Authorized Agent or Employee of Agent: _____	
Signature of Authorized Agent or Employee of Agent: _____	Date: _____
Printed name of Authorized Agent or Employee of Agent: _____	
Title or position of Authorized Agent or Employee of Agent: _____	
Telephone number of Authorized Agent or Employee of Agent: _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

**FCC Form 481, Line 510: Certification of Compliance with Applicable Service Quality Standards and Consumer Protection Rules**

Iowa Administrative Code 199-22.6 requires an ETC to certify in its annual report that it is complying with applicable service quality standards and consumer protection rules. The ETC will measure its service connection, held order, and service interruption performance monthly according to this section. Coon Rapids Municipal Communications Utility certifies that it has complied with these requirements and will continue to comply with these requirements.



**FCC Form 481, Line 610: Certification Regarding Ability to Function in Emergency Situations**

Iowa Administrative Code 199-22.6(5) requires an ETC to certify in its annual report that it is complying with provisions to meet emergencies including but not limited to the provision of emergency power. Each central office shall contain a minimum of two hours of battery reserve and for offices without permanently installed emergency power facilities, there shall be access to a mobile power unit with enough capacity to carry the load which can be delivered on reasonably short notice and readily connected. Coon Rapids Municipal Communications Utility certifies that it has complied with these requirements and will continue to comply with these requirements.

## Low-Income Telephone Assistance Program

### *Lifeline*

Lifeline is a plan that assists qualified low-income lowans by providing a monthly reduction of \$9.25 on their local telephone bill.

You may only receive low-income assistance from one wireline or wireless telephone provider per household.\*

**\*NOTE:**

*A "Household" is defined as any individual or group of individuals who are living together at the same address as one economic unit. An "economic unit" consists of all adult individuals contributing to and sharing in the income and expenses of a household.*

### *Eligibility Requirements*

To be eligible for Lifeline assistance, you must meet income-based criterion currently defined as at or below 135 % of the Federal Poverty Guidelines (see table inside) **OR** participate in at least one of the following programs:

- Medicaid
- Supplemental Nutrition Assistance Program (SNAP)
- Supplemental Security Income (SSI)
- Federal Public Housing Assistance
- Low-Income Home Energy Assistance Program (LIHEAP)
- Temporary Assistance to Needy Families Program (TANF)
- National School Lunch Program (NSL)

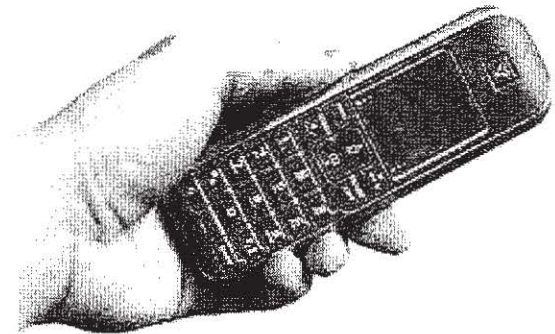
In addition, you must not currently be receiving Lifeline assistance, and no other person in your household can be subscribed to the Lifeline program.

### *To Apply for Lifeline:*

1. Complete the certification form attached to this brochure, (please include any supporting documents) and submit it to your local telecommunications provider's business office. This address can be found in your local telephone directory.
2. Re-certification forms are mailed to all subscribers every year. When you receive a re-certification form, complete and return it to your local telecommunications provider within 30 days. Your telecommunications provider will suspend your eligibility for low-income assistance if you do not return the re-certification form.

## Federal Government Lifeline Program for Low-Income Telephone Assistance

Revised: January 2015



Courtesy of:

**The Iowa Communications Alliance,  
Iowa Utilities Board,  
and  
\_\_\_\_\_, your Local  
Communications Provider**

# 135 percent of federal poverty guidelines

(As of January 22, 2015)

Number of people living in home	Household Income (at or below)
1	\$15,889
2	\$21,505
3	\$27,121
4	\$32,737
5	\$38,353
6	\$43,969
7	\$49,585
8	\$55,201
* For each additional person	Add \$5,616

## Application Checklist

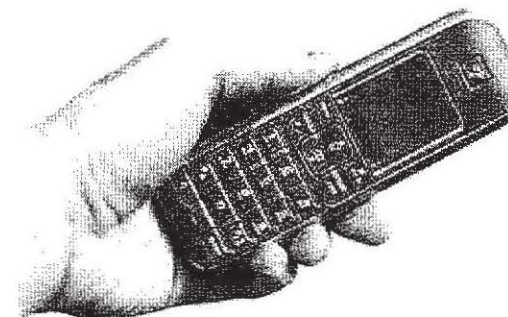
Please provide the following information:

1. A signed and completed Lifeline assistance certification form.
2. A copy of one of the following if applying based on the size and income level of a customer's household:
  - Last year's federal or state income tax return
  - Current annual income statement from employer
  - Paycheck stubs for most recent three consecutive months
  - Social Security statement of benefits
  - Veteran's Administration statement of benefits
  - Retirement or pension statement of benefits
  - Unemployment or worker's compensation statement of benefits
  - Letter of participation in general assistance
  - Divorce decree or child support documentation

3. Supporting documentation of program-based eligibility if applying — based on participation in any programs listed on the back of this brochure.

Acceptable documentation of program eligibility includes the current or prior year's statement of benefits from a qualifying assistance program, a notice, letter or documents of participation in a qualifying assistance program, or another official document demonstrating that you, or one or more of your dependents, or your household receives benefits from a qualifying assistance program. **These documents will not be kept or stored by the local telecommunications provider.**

For questions, please call your local telecommunications provider.





Company Name: \_\_\_\_\_

**Iowa Lifeline Assistance Certification Form**

*The information on this application is strictly confidential and will only be used to assess your eligibility for Lifeline Assistance. Any documentation received will not be kept, shared or stored.*  
(PLEASE PRINT)

Name:

\_\_\_\_\_  
(Last) (First) (Middle)

Residential Address: (may not be a P.O. Box)

\_\_\_\_\_  
(Street) (Apt. #) (City) (State) (Zip)

Check one below:

☐ Permanent Address ☐ Temporary Address (must verify address every 90 days)

Is this address occupied by multiple households? \_\_\_\_\_ Yes \_\_\_\_\_ No

Billing Address (if different than Residential Address):

\_\_\_\_\_  
(Street) (City) (State) (Zip)

Telephone number or existing account number: \_\_\_\_\_

Date of Birth: (mm/dd/yyyy) \_\_\_\_\_ Last 4 digits of Social Security #: \_\_\_\_\_

*Please answer the following questions:*

1. Are you or anyone in your household currently participating in any of the following programs?  
(Check one & attach documentation\*)

- ☐ Medicaid (e.g. Title XIX/Medical, State Supplemental Assistance)
- ☐ Supplemental Nutrition Assistance
- ☐ Supplemental Security Income (SSI)
- ☐ Federal Public Housing Assistance Section 8
- ☐ Low-Income Home Energy Assistance Program (LIHEAP)
- ☐ Temporary Assistance to Needy Families Program (TANF)
- ☐ National School Lunch Program (NSL) Free Lunch Program; OR

2. Is your income at or below 135 percent of the Federal Poverty Guidelines?  
\_\_\_\_\_ Yes \_\_\_\_\_ No (\*Proof of income is required)

If yes, how many persons are in your household? \_\_\_\_\_

3. Are you or anyone else in your household currently receiving any Lifeline telephone assistance from any other wireline or wireless telephone provider?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

*\*NOTE: Any documentation received with the certification form will not be kept or stored by the local telecommunications provider.*



**By signing below, I certify under penalty of perjury the information contained within this certification form is true and correct to the best of my knowledge:**

- ☐ I have read the information on this certification form and understand that I must meet the qualifications listed on this form to receive assistance from this program.
- ☐ I understand that the individual named on the documentation provided demonstrating program-based eligibility, if not me, is part of my household.
- ☐ I understand that willfully providing false or fraudulent information to receive a Lifeline benefit is punishable by law.
- ☐ I understand that Lifeline is a federal government benefit program and willfully making false statements in order to obtain that benefit can be punished by fine or imprisonment, or that I can be barred from the program.
- ☐ I agree to provide documentation of my eligibility, when required to do so.
- ☐ By participating in this government program, I agree to allow my provider to give my full name, full residential address, date of birth and the last four digits of my social security number to the national database. I understand that failure to comply will deny me the Lifeline benefit.
- ☐ I certify that my household is receiving no more than one Lifeline-supported service and understand that violation of this requirement will result in de-enrollment from the program and could result in criminal prosecution.
- ☐ I understand that I may not transfer my service to any other individual.
- ☐ I acknowledge that I may be required to re-certify my eligibility for Lifeline at any time and failure to re-certify my continued eligibility will result in de-enrollment and termination of Lifeline benefits.
- ☐ I understand that I must notify my telecommunications provider within 30 days if I no longer meet the income-based or program-based criteria for receiving Lifeline service, if I am receiving more than one Lifeline benefit, or if another member of my household is receiving a Lifeline benefit, and that I may be subject to penalties if I fail to do so.
- ☐ If I move to a new address, I agree to provide my new address to my telephone provider within 30 days.
- ☐ I understand completion of this certification form does not constitute immediate acceptance into this program.
- ☐ I have been advised by my new carrier that if I am currently receiving Lifeline benefits from another carrier, I agree to discontinue receiving that other carrier's benefit and instead receive my one Lifeline benefit on this account.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Prompt return of this certification form to your local telephone provider is necessary to ensure proper credits to your account. Certified low-income telephone assistance subscribers will receive a re-certification form annually from their local telecommunications provider and must return that form to their telecommunications provider within 30 days to ensure the continuation of assistance benefits.**

***SERVICE PROVIDER USE ONLY***

Telephone # Associated with Lifeline service: \_\_\_\_\_

Initiation Date: \_\_\_\_\_ De-enrollment Date: \_\_\_\_\_

Type of documentation Reviewed: ☐ Award Letter ☐ Voucher ☐ Benefits card ☐ Income Statement ☐ Other \_\_\_\_\_

Identifying Information of Document Submitted: \_\_\_\_\_

Documentation Expiration date (if applicable): \_\_\_\_\_

Name on Documentation (if different from name of applicant): \_\_\_\_\_

Method documentation was provided: ☐ In Person ☐ Fax ☐ Mail ☐ Electronically

Reviewed by: \_\_\_\_\_ Date Reviewed: \_\_\_\_\_

Eligibility documentation destroyed by: \_\_\_\_\_ Date destroyed: \_\_\_\_\_

## COMMUNICATION RATES

## COMMUNICATIONS RATE SCHEDULE

### I. Late Payment Charge

A late payment charge equal to the greater of \$5.00 or 1.5% will be applied to all charges not paid by the due date.

### II. Sales Tax

Applicable sales tax additional

### III. Rate Designations

<i>Telephone</i>	<i>Monthly</i>
<i>Service / Features</i>	<i>Rate</i>
Residential Local Access Charge	\$9.95
Business Local Access Charge	\$26.95
Digital Voice Messaging	\$4.95
Digital Voice Messaging - Gold	\$7.95
Caller ID	\$4.95
Caller ID Call Waiting	\$1.50
Call Forwarding	\$1.50
Call Forwarding All	\$1.50
Call Forwarding Busy	\$1.50
Call Waiting	\$1.50
Call Park	\$1.50
Cancel Call Waiting	\$1.50
Three Way Calling	\$1.50
Speed Dial 8	\$1.50
Speed Dial 30	\$1.50
Selective Call Acceptance	\$1.50
Selective Call Rejection	\$1.50
Call Return	\$1.50
Simring	\$3.00
Serial Hunt	\$1.50
Toll Restrict	\$3.00
800 Number	\$5.00
900 Number Block	Free
Unlisted Number	\$1.50
Priority Ringing	\$1.50
Telemarketing Call Screen	\$6.45
1, 2, 3, Package	\$3.00
Your Call Package	\$6.95
E911	\$1.00
Extended Area Calling	\$1.15
Interstate Subscriber Line Charge - Business Multi Line	\$9.20
Interstate Subscriber Line Charge- Business Single Line	\$6.50
Interstate Subscriber Line Charge - Residential	\$6.50
Federal Universal Service Funds Charge (% of ISLC)	per Fcc

<b>Long Distance</b>	<b>Rate</b>
One Rate Plan	\$0.13/min.

<b>Cable TV</b>	<b>Monthly Rate</b>
<b>Service / Features</b>	
Residential Basic Service	\$49.95
Business Basic Service*	\$49.95
*\$15 Discount if Customer has CRMU local line & LD	\$34.95
Thomas Rest Haven CATV Per Room	\$9.95
HD Equip Fee – Requires Subscription to Basic Service	\$9.95
HBO & HBO-HD*	\$15.95
Cinemax	\$12.95
HBO & HBO-HD*/Cinemax Combo	\$24.95

\* HBO-HD Requires Payment of HD Equip Fee

<b>Internet</b>	<b>Monthly Rate</b>
<b>Service / Features</b>	
Dial Up	\$19.95
<b>Residential High Speed Internet*</b>	
256/256k – Essential	\$24.95
6/1 Mbps – Standard	\$49.95
12/2 Mbps – Basic	\$54.95
18/3 Mbps - Plus	\$64.95
36/6 Mbps - Ultra	\$74.95
50/15 Mbps - Premium	\$99.95
100/20 Mbps - Extreme	\$149.95
200/30 Mbps - Ultimate	\$199.95
* \$5 Discount if Customer has all CRMU local lines	-\$5.00
<b>General High Speed Internet**</b>	
6/1 Mbps – Standard	\$104.95
12/2 Mbps – Basic	\$134.95
18/3 Mbps - Plus	\$149.95
36/6 Mbps - Ultra	\$164.95
50/15 Mbps - Premium	\$194.95
100/20 Mbps - Extreme	\$294.95
200/30 Mbps - Ultimate	\$349.95
** Discounts Apply	
\$20 if Business Customer has all CRMU local lines	-\$20.00
\$50 if Business Customer has all CRMU local lines & LD	-\$50.00
1 Mbps Upstream Bandwidth Increments	\$10.00
Network/Employee Internet	\$10.00



<b>Dedicated High Speed Internet -- via Fiber</b>		<b>Monthly Rate</b>
Level 1	10/10 Mbps	\$200
Level 2	20/20 Mbps	\$400
Level 3	40/40 Mbps	\$800
Level 4	50/50 Mbps	\$1,000
Level 5	100/50 Mbps	\$2,000
Level 6	150/50 Mbps	\$3,000

<b>Residential Packages</b>		<b>Monthly Rate</b>
<b>Service / Features</b>		
<i>Basic Package</i>		\$59.95
Local Telephone		
Long Distance		
Basic Cable TV		
Digital Voice Messaging		
Call Waiting		
100 Minutes of Long Distance		

<i>Family Choice Package</i>		\$89.95
Local Telephone		
Long Distance		
Basic Cable TV		
Residential Standard High Speed Internet		Included
Upgrade to Basic High Speed Internet		+ \$5.00
Upgrade to Plus High Speed Internet		+ \$15.00
Upgrade to Ultra High Speed Internet		+ \$25.00
Upgrade to Premium High Speed Internet		+ \$50.00
Upgrade to Extreme High Speed Internet		+ \$100.00
Upgrade to Ultimate High Speed Internet		+ \$150.00
Digital Voice Messaging		
Call Waiting		
Call Forwarding		
Three-Way Calling		
100 Minutes of Long Distance		

<b>Resale Calling Feature Rates</b>		<b>Monthly Rate</b>
<b>Service / Features</b>		
ILEC Charge plus 25%		varies